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PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/008,803	
	Filing Date	11/13/2001	
	First Named Inventor	Holwill, Eric A.	
	Art Unit	1651	
	Examiner Name	Wiltz, Jean C.	
Total Number of Pages in This Submission	4	Attorney Docket Number	303077 (formerly 005247.P004D)

ENCLOSURES (check all that apply)

☐ Fee Transmittal Form☐ Fee Attached☐ Amendment / Reply☐ After Final☐ Affidavit / Declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response in Missing Part / Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing related Papers☐ Petition☐ Petition to Convert to a Provisional Application☒ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below):

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name

Information

Richard A. Nakashima

42,023

Signature

Date

July 19, 2004

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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number	10/008,803
Filing Date	11/13/2001
First Named Inventor	Holwitt, Eric A.
Art Unit	1651
Examiner Name	Witz, Jean C.
Attorney Docket Number	303077 (formerly: 005247.P004D)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number :

35657

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Elaine Mendoza
Signature	<i>Elaine Mendoza</i>
Date	13 Jan 04
Telephone	210-737-0777

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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